

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty

For receipt Office use only

International Application No.

10/049806

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference

(if desired) (12 characters maximum) PA/GV99 PCT

Box No. I TITLE OF INVENTION

DESKS

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation) The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.

DIXON, Antony Robert
80 Dean Garden Rise
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HP11 1RE

☒ This person is also inventor

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:

GB

State (that is, country) of residence:

GB

This person is applicant for the purposes of:



all designated States



all designated States except the United States of America



the United States of America only



the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation) The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.

DIXON, Robert Bernard
16 Golders Close
Ickford, Aylesbury
Buckinghamshire
HP18 9JA

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box is marked, do not fill in below)

State (that is, country) of nationality:

GB

State (that is, country) of residence:

GB

This person is applicant for the purposes of:



all designated States



all designated States except the United States of America



the United States of America only



the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on a continuation sheet

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:



agent



common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation) The address must include postal code and name of country.

COLES, Graham Frederick
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+ 44 1494 678267

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No.V. DESIGNATION STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|---|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> LC Saint Lucia |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> LK Sri Lanka |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> LR Liberia |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> LS Lesotho |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> LT Lithuania |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> LU Luxembourg |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> LV Latvia |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> MA Morocco |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> MD Republic of Moldova |
| <input checked="" type="checkbox"/> BC Bulgaria | <input checked="" type="checkbox"/> MG Madagascar |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> MN Mongolia |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> MZ Mozambique |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | |
| <input checked="" type="checkbox"/> KR Republic of Korea | |
| <input checked="" type="checkbox"/> KZ Kazakhstan | |

Check-box reserved for designating States which have become party to the PCT after issuance of this sheet:



Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claim indicated in the Supplemental Box		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1) 14 August 1999 (14/08/99)	9919172.8	GB		
item (2)				
item (3)				

☒ The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): **1**

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4(b)(ii)) ☐ See Supplemental Box

Box No VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA)
(if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets:

request : 3
description (excluding sequence listing part) : 7
claims : 2
abstract : 1
drawings : 7
sequence listing part of description : _____

Total number of sheets : 20

This international application is accompanied by the item(s) marked below:

- 1 ☐ fee calculation sheet
2 ☐ separate signed power of attorney
3 ☐ copy of general power of attorney; reference number, if any:
4 ☐ statement explaining lack of signature
5 ☐ priority document(s) identified in Box No VI as item(s):
6 ☐ translation of international application into (language):
7 ☐ separate indications concerning deposited microorganism or other biological material
8 ☐ nucleotide and/or amino acid sequence listing in computer readable form
9 ☐ other (specify):

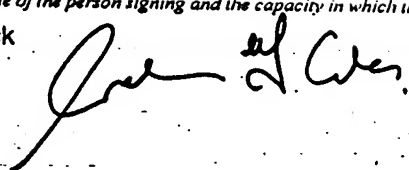
Figure of the drawings which should accompany the abstract: **4**

Language of filing of the international application: **ENGLISH**

Box No IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request) ☐

COLES, Graham Frederick



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1 <input type="checkbox"/> Date of actual receipt of the purported international application:		
3 <input type="checkbox"/> Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4 <input type="checkbox"/> Date of timely receipt of the required corrections under PCT Article 1(2):		
5 <input type="checkbox"/> International Searching Authority (if two or more are competent): ISA /	6 <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid <input type="checkbox"/>	

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Date of receipt of the record copy by the International Bureau: